

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

4 TRANSPORT INC
411 HELP LLC
SPINE & HEALTH PLLC
& NEW HORIZON CHIROPRACTIC PLLC
(Bernicea Stovall),

Plaintiffs,
vs.

Case No:
HON:

ENTERPRISE LEASING COMPANY of DETROIT, LLC,
Defendant.

ROBERT L. AKOURI (P43788)
JOHN A. AKOURI (P58229)
AKOURI & ASSOCIATES, P.L.L.C.
Attorneys for Plaintiff
6528 Schaefer Road
Dearborn, MI 48126
(313) 584-1404/Fax: 584-1485
akouripllc@yahoo.com

TARA S. CANNATELLA (P67532)
HUTCHINSON CANNATELLA, P.C.
Attorney for Defendant
1001 Woodward Ave., Suite 900
Detroit, MI 48226
(313) 963-1860/Fax: 963-9065
tcannatella@mhutchlaw.com

**NOTICE OF REMOVAL BASED UPON
DIVERSITY OF CITIZENSHIP**

NOW COMES the Defendant, ENTERPRISE LEASING COMPANY OF DETROIT, LLC, by and through its Attorneys, HUTCHINSON CANNATELLA P.C., and removes this action from the 3rd Judicial Circuit Court, State of Michigan, to the United States District Court for the Eastern District of Michigan, Southern Division, and in support thereof state:

1. Plaintiffs filed their Complaint on or about June 21, 2019 and claimed they provided services to Bernicea Stovall as a result a motor vehicle accident wherein Ms. Stovall was occupying a vehicle owned by Defendant.

2. According to Plaintiffs' Complaint, they are seeking reimbursement of no-fault benefits from Defendant under a Michigan no-fault automobile insurance policy.

3. Pursuant to Plaintiffs' Complaint with corresponding bills, Plaintiff 411 Help LLC is seeking an amount in excess of \$75,000.

4. Plaintiffs served a copy of their Complaint upon Enterprise Leasing Company of Detroit, LLC on July 3, 2019. A copy of the Plaintiffs' Complaint is attached hereto and incorporated herein by reference. (Exhibit A, Complaint).

5. Plaintiffs, at this time and at the time of the filing of the Complaint, claim to be citizens of the State of Michigan.

6. Defendant Enterprise Leasing Company of Detroit, LLC is a limited liability company, and as such is a citizen of the States where its members are citizens. The sole member of Enterprise Leasing Company of Detroit, LLC is Enterprise Holdings, Inc, which is a Missouri Corporation with its principal place of business in Clayton, Missouri. Therefore, for diversity purposes, Enterprise Leasing Company of Detroit, LLC is a citizen of Missouri.

7. The amount in controversy exceeds \$75,000, exclusive of interest and costs.

8. This Court has original jurisdiction under 28 USC Section 1332(a)(1) because this is an action between citizens/companies of different states and based upon Plaintiffs' claimed damages, the matter in controversy exceeds \$75,000, exclusive of interest and costs.

9. A copy of this Notice of Removal is being simultaneously filed with the 3rd Judicial Circuit Court, State of Michigan, as required by 28 USC Section 1446(d).

10. Defendant is entitled to remove this action to this Honorable Court under 28 USC Section 1441.

HUTCHINSON CANNATELLA P.C.

By /s/ Tara S. Cannatella
TARA S. CANNATELLA (P67532)
Attorney for Defendant
1001 Woodward Ave, Suite 900
Detroit, MI 48226
(313) 963-1860 / Fax: 963-9065
tcannatella@mhutchlaw.com

Dated: July 24, 2019
Enterprise's Ntc Removal 07-24-19

HUTCHINSON CANNATELLA P.C.
1001 WOODWARD, SUITE 900 □ DETROIT MICHIGAN 48226 □ (313) 963-1860

CERTIFICATE OF SERVICE

TARA S. CANNATELLA, being first duly sworn, deposes and says that on July 24, 2019, she served a copy of:

- Notice of Removal Based Upon Diversity of Citizenship.

via the U.S.D.C Eastern District of Michigan Southern Division's e-filing system, which will send notice to the following:

ROBERT L. AKOURI (P43788)
JOHN A. AKOURI (P58229)
AKOURI & ASSOCIATES, P.L.L.C.
Attorneys for Plaintiff
6528 Schaefer Road
Dearborn, MI 48126
(313) 584-1404/Fax: 584-1485
akouripllc@yahoo.com

I declare that the above statements are true to the best of my knowledge, information and belief.

HUTCHINSON CANNATELLA P.C.

By /s/Tara S. Cannatella

TARA S. CANNATELLA (P67532)
Attorney for Defendant Enterprise
1001 Woodward Ave, Suite 900
Detroit, MI 48226
(313) 963-1860 / Fax: 963-9065
tcannatella@mhutchlaw.com

Dated: July 24, 2019
Enterprise's Ntc Removal 07-24-19

HUTCHINSON CANNATELLA P.C.
1001 WOODWARD, SUITE 900 □ DETROIT MICHIGAN 48226 □ (313) 963-1860



CT Corporation

**Service of Process
Transmittal**

06/27/2019

CT Log Number 535763919

TO: Evelyn Shadley, Legal Assistant
Enterprise Holdings, Inc.
600 Corporate Park Dr
Saint Louis, MO 63105-4211

RE: Process Served in Michigan

FOR: Enterprise Leasing Company of Detroit, LLC (Domestic State: DE)

4 transp
411 help
Spine + Hatha
Newtbrigon
due 7/25

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: 4 Transport Inc, et al., Pltfs. vs. Enterprise Leasing Company of Detroit, LLC, Dft.

DOCUMENT(S) SERVED: Letter(s), Summons, Complaint, Exhibit(s)

COURT/AGENCY: Wayne County - 3rd Circuit Court, MI
Case # 19008645NF

NATURE OF ACTION: Insurance Litigation

ON WHOM PROCESS WAS SERVED: The Corporation Company, Plymouth, MI

DATE AND HOUR OF SERVICE: By Certified Mail on 06/27/2019 postmarked on 06/25/2019

JURISDICTION SERVED: Michigan

APPEARANCE OR ANSWER DUE: Within 21 days after receipt

ATTORNEY(S) / SENDER(S): John Anthony Akouri
Akouri & Associates, P.L.L.C.
6528 Schaefer Road
Dearborn, MI 48126
313-584-1404

ACTION ITEMS: SOP Papers with Transmittal, via UPS Next Day Air , 1ZX212780137134236
Image SOP
Email Notification, Brian Braunstein Brian.S.Braunstein@ehi.com
Email Notification, Evelyn Shadley EVELYN.SHADLEY@EHI.COM
Email Notification, SONA THAXTON Sona.Thaxton@ehi.com

SIGNED: The Corporation Company
ADDRESS: 40600 ANN ARBOR RD E STE 201
Plymouth, MI 48170-4675
TELEPHONE: 213-337-4615

Page 1 of 1 / PS

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package.

EXHIBIT A



AKOURI & ASSOCIATES, P.L.L.C.

Attorneys and Counselors

6528 Schaefer Road

Dearborn, Michigan 48126

Phone: (313) 584-1404

Facsimile: (313) 584-1485

Robert L. Akouri
John A. Akouri

Of Counsel
Nemier, Mathieu, Nash & Johnson, P.L.L.C.
37000 Grand River Avenue, Suite 300
Farmington Hills, Michigan 48335
Phone: (248) 476-6999
Landry, Mazzo & Dembinski P.C.
37000 Grand River Avenue, Suite 200
Farmington Hills, Michigan 48335
Phone: (248) 476-6900

June 25, 2019

CERTIFIED MAIL

Enterprise Leasing Company of Detroit, LLC

The Corporation Company

40600 Ann Arbor Road E, Suite 201

Plymouth, MI 48170

Re: 4 Transport Inc et. Al (Bernicea Stovall) v Enterprise Leasing Company
of Michigan

Case No.: 19-008645-NF

Enclosed hereto please find:

<input checked="" type="checkbox"/> Complaint	<input type="checkbox"/> Interrogatories to Defendant
<input checked="" type="checkbox"/> Summons	<input type="checkbox"/> Interrogatories to Plaintiff
<input type="checkbox"/> Witness List	<input type="checkbox"/> Stipulated Order for Dismissal
<input type="checkbox"/> Pre Trial Statement	<input type="checkbox"/> Reply to Motion for Summary
<input type="checkbox"/> Request for Admissions	<input type="checkbox"/> Brief in Support
<input type="checkbox"/> Request for Production of Documents	<input type="checkbox"/> Reply to Admissions
<input type="checkbox"/> Notice of Hearing	<input type="checkbox"/> Reply to Interrogatories
<input type="checkbox"/> Affirmative Defenses	<input type="checkbox"/> Reply to Request to Produce
<input type="checkbox"/> Notice of Dismissal by Plaintiff	<input type="checkbox"/> Scheduling Order
<input type="checkbox"/> Release of Claims Agreement	<input type="checkbox"/> Entry of Default Judgement
<input type="checkbox"/> Proof of Service	<input type="checkbox"/> Fee

These documents are for:

<input type="checkbox"/> Entry- Please time Stamp True Copies	<input checked="" type="checkbox"/> Service of Process
<input type="checkbox"/> Entry- Please return True Copies	<input type="checkbox"/> Recording
<input type="checkbox"/> Filing for Pre Trial	

Very truly yours,

Aya Elhourani

JAA/ae
Encl.

Approved, SCAO

Original - Court
1st Copy- Defendant2nd Copy - Plaintiff
3rd Copy -ReturnSTATE OF MICHIGAN
THIRD JUDICIAL CIRCUIT
WAYNE COUNTY

SUMMONS

CASE NO.
19-008645-NF
Hon.Susan L. Hubbard

Court address : 2 Woodward Ave., Detroit MI 48226

Court telephone no.: 313-224-5183

Plaintiff's name(s), address(es), and telephone no(s)
4 Transport Inc et. Al

v

Defendant's name(s), address(es), and telephone no(s).

Enterprise Leasing Company of Detroit, LLC

Plaintiff's attorney, bar no., address, and telephone no
John Anthony Akouri 58229
6528 Schaefer Rd
Dearborn, MI 48126-1813

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. Attached is a completed case inventory (form MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- ☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035
- ☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
- ☐ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has

been previously filed in ☐ this court, ☐ _____ Court,

where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date
6/21/2019Expiration date*
9/20/2019Court clerk
Deborah Bynum

Cathy M. Garrett- Wayne County Clerk.

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

MC 01 (1/19)

SUMMONS

MCR 1.109(D), MCR 2.102(B), MCR 2.104, MCR 2.105



STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

4 Transport Inc
411 Help LLC
Spine & Health PLLC
& New Horizon Chiropractic PLLC
(Bernicea Stovall)
Plaintiffs,

Case No. NF
HON.

v

Enterprise Leasing Company of Detroit, LLC,
Defendant.

ROBERT L. AKOURI (P43788)
JOHN A. AKOURI (P58229)
Attorney for Plaintiffs,
6528 Schaefer Road
Dearborn, MI 48126
313 584 1404/313 584 1485
akouripllc@yahoo.com

PLAINTIFF'S COMPLAINT

THERE IS NO OTHER CIVIL ACTION BETWEEN THESE PARTIES ARISING OUT OF THE SAME TRANSACTION OR OCCURENCE AS ALLEGED IN THIS COMPLAINT PENDING IN THIS COURT, NOR HAS ANY SUCH ACTION BEEN PREVIOUSLY FILED AND DISMISSED OR TRANSFERRED AFTER HAVING BEEN ASSIGNED TO A JUDGE, NOR DO I KNOW OF ANY OTHER CIVIL ACTION, NOT BETWEEN THESE PARTIES, ARISING OUT OF THE SAME TRANSACTION OR OCCURENCE ALLEGED IN THIS COMPLAINT.

NOW COME Plaintiffs, 4 Transport Inc, 411 Help LLC, Spine & Health PLLC & New Horizon Chiropractic, LLC, by and through their attorneys, AKOURI & ASSOCIATES, PLLC, and for their cause of action against Defendant, hereby say as follows:

1. Plaintiff, 4 Transport Inc, is a Limited Liability Company licensed to conduct business under the laws of the State of Michigan and at all times pertinent herein was conducting business in the State of Michigan.

2. Plaintiff, 411 Help LLC is a company licensed to conduct business under the laws of the State of Michigan and at all times pertinent herein was conducting business in the State of Michigan.
3. Plaintiff, Spine & Health PLLC, is a Limited Liability Company licensed to conduct business under the laws of the State of Michigan and at all times pertinent herein was conducting business in the State of Michigan.
4. Plaintiff, New Horizon Chiropractic, LLC, is a Limited Liability Company licensed to conduct business under the laws of the State of Michigan and at all times pertinent herein was conducting business in the State of Michigan.
5. Defendant, Enterprise Leasing Company of Detroit, LLC, is a corporation duly organized and existing under the laws of the State of Michigan and, at all times pertinent herein, was, and currently is, conducting business in the City of Detroit, County of Wayne, State of Michigan.
6. The amount in controversy is \$16,472.00 for 4 Transport Inc; \$81,930.00 for 411 Help LLC; \$2,400 for Spine & Health, PLLC, and \$2,445.00 for New Horizon Chiropractic PLLC; for a sum total of \$103,247.00, exclusive of costs and attorneys' fees, and jurisdiction is otherwise proper with this Court.
7. Pursuant to MCL 600.2041, "every action shall be prosecuted in the name of the real party of interest."
8. All rights, privileges and remedies to payment for health care services, products or accommodations provided by Plaintiffs to Bernicea Stovall (hereinafter "injured party") for which the injured party is or may be entitled to under MCL 500.3101, *et seq*, the No Fault Act, have been assigned to Plaintiffs, hereto attached as **Exhibit A, B, C & D**.
9. As a result of said assignment, Plaintiffs bear the burden of pursuit of payment for health care services, products, or accommodations, provided by Plaintiffs to the injured party.

10. Pursuant to Insurance Bulletin 92-03, the Defendant is “required to provide insureds and claimants with complete protection from the economic loss for benefits provided under personal protection insurance.”
11. Satisfaction of the judgement obtained by Plaintiffs will discharge Defendant(s) of their obligation to the injured party for services Plaintiffs provided to the injured party.
12. Plaintiffs as assignees of the injured party is the real party of the interest and as such Plaintiffs have the right to prosecute this action against Defendant pursuant to MCL 600.2041.

COUNT I

13. Plaintiffs hereby incorporates paragraphs 1 through 12 as though fully set forth herein.
14. Bernicea Stovall (hereinafter “the injured party”) sustained accidental bodily injuries within the meaning of the satisfactory provisions of MCL 500.3105.
15. Defendant is first in order of priority to pay for the injured party’s claim for no fault personal protection insurance benefits in accordance with Chapter 31 of the Michigan Insurance Code, more commonly known as the “no-fault insurance law”.
16. Defendant has become obligated to pay certain expenses incurred for reasonably necessary products and services rendered for the injured party’s care, recovery or rehabilitation as a result of the injured party’s sustained accidental bodily injury arising out of the worship, operation, maintenance or use of a motor vehicle as a motor vehicle.
17. Plaintiffs have provided reasonably necessary products, services and/or accommodations to the injured party and continues to do so, resulting in the following outstanding balances:
 - a. \$16,472.00(EXHIBIT E)
 - b. \$81,930.00 (EXHIBIT F)
 - c. \$2,400.00 (EXHIBIT G)
 - d. \$2,445.00 (EXHIBIT H)

18. Plaintiffs timely submitted billings to Defendant for medical services that were rendered to the injured party and that were reasonably necessary for the care, recovery or rehabilitation of the injured party for their injuries.
19. Plaintiffs also submitted to Defendant supporting medical records and all other documentation and forms necessary for Defendant to determine the reasonableness, necessity and amount of the medical services rendered to the injured party.
20. Defendant was provided reasonable proof of the fact and of the losses sustained and charges involved.
21. To date, Defendant has unreasonably refused and/or delayed making payment to Plaintiffs for the services rendered.
22. Pursuant to MCL 500.3157, Plaintiffs are entitled to recover the outstanding balances for the medical services rendered to the injured party from Defendant.
23. Plaintiffs have requested payment from Defendant for the amount of the bills due and owing and Defendant has refused and/or neglected to pay them.
24. Plaintiffs are entitled to reasonable and actual attorney fees incurred in this action pursuant to MCL 500.3148.
25. Plaintiff are also entitled to costs and interest pursuant to MCL 500.3142 for the overdue bills that have not been paid by Defendant within 30 days after Defendant received reasonable proof of the fact and of the amount of loss sustained.

**COUNT II- BREACH OF CONTRACTIONS/CONTRACTUAL AND/OR
STATUTORY DUTIES**

26. Plaintiffs re-allege and reincorporate each of the preceding paragraphs as though fully set forth herein.
27. Defendant's failure to pay Plaintiffs' personal protection insurance benefits constitutes a material breach of contractual and/or statutory duties pursuant to the contract where the

injured party is qualified as an “insured”, or otherwise entitled to benefits and/or pursuant to MCL 500.3101, *et seq.*

28. As a direct and proximate cause of Defendants’ breach of contractual and/or statutory duties, Plaintiffs have sustained damages.

WHEREFORE, Plaintiffs claim as damages against Defendant in the amount of \$16,472.00 for 4 Transport Inc, \$81,930.00 for 411 Help LLC, \$2,400.00 for Spine & Health PLLC, and \$2,445.00 for New Horizon Chiropractic, PLLC for a sum total of \$103,247.00, plus payment for any additional services rendered during the pendency of this matter, plus costs, attorney fees and interest most wrongly sustained.

Respectfully Submitted

AKOURI & ASSOCIATES, P.L.L.C.

/S/ JOHN A. AKOURI

JOHN A. AKOURI (P58229)

Attorney for Plaintiffs

6528 Schaefer Road

Dearborn, Michigan 48126

313 584 1404

akouripllc@yahoo.com

EXHIBIT A

4 TRANSPORT INC P.O. BOX 1558 DEARBORN, MI 48121
PH. 313-888-2383 FAX. 313-908-1190

ASSIGNMENT OF BENEFITS/POLICY RIGHTS

I, the undersigned patient, hereby assign the rights and benefits of insurance of the applicable personal injury protections, medical payment, and/or other insurances to 4 TRANSPORT INC for services and/or injuries sustained in the accident of _____ to the undersigned patient and covered by Personal Injury Protection (PIP) Coverage or other insurance coverage under _____ insurance Co _____ in accordance with Michigan Statute the undersigned agrees to pay any applicable deductible or co-payment not covered by the PIP or other insurance coverage. This assignment includes, but is not limited to, all rights to collect benefits directly from the insurance company for the service or services that I have received; and all rights to proceed against the insurance company obligated to provide benefits of which I am due. This assignment also includes any right to recover attorney's fees and costs for such action brought by the provider as the Patient's assignee. I agree that 4 TRANSPORT INC may select any attorney he/she wishes and understand and agree that the attorney selected by them may be different that the attorney handling my personal injury/bodily claim or case. As part of the assignment of rights and benefits, I hereby instruct the insurance carrier that in the event the medical benefits received are disputed for any reason, including medical reasonableness and/or necessity, that the amount of benefits claimed by 4 TRANSPORT INC is to be set aside and not disbursed until the dispute is resolved. As part of this assignment of rights and benefits, I further instruct the insurance carrier to notify the provider immediately of any dispute as to payment so that he/she may exercise their legal rights. I understand that any person who knowingly files anything containing false, incomplete, or misleading information with the intent to injure, defraud, or deceive any insurance company is _____. I have read the information herein and it is true and correct to the best of my knowledge and belief.


Patient's Signature

02-08-19
Date

Bernicea Stovall
Print Name

PROVIDER:

The undersigned, on behalf of 4 TRANSPORT INC hereby accepts assignment of the insurance rights and benefits for the services rendered to _____ to be paid directly to 4 TRANSPORT INC under Patient Personal Injury Protection (PIP) or other insurance coverage Ins Co. and in accordance with applicable law.

4 TRANSPORT INC

DATE

EXHIBIT B

**Assignment of Personal Injury Protection Benefits
and Lien Agreement**

I, _____, in order to provide and facilitate the ability of 411 Help LLC ("Provider") to collect their charges for the services provided to me after my automobile accident ("Charges") directly from the Payor/Insurance Company, agree as follows:

I hereby assign my right to all past and presently due benefits to the extent of the services provided to me by Provider, up through the date of the last signing of this Agreement to Provider, to the fullest extent permitted under Michigan law (see MCL §500.3143 and *Professional Rehab Assoc. v. State Farm Mut. Auto Ins. Co.*, 228 Mich App 167 (1998)). This Assignment shall include all of my rights, remedies, and benefits to the Provider as well as any and all rights, title, and interest in any claim or cause(s) of action that I might have now or had in the past against any Payor/Insurance Company to the extent of any benefits/payment I would be entitled to for the Charges, the right to prosecute such causes of action either in my name or in Provider's name, and the right to settle or otherwise resolve such causes of action as Provider shall be substituted instead of myself as Plaintiff in the litigation to the extent that such litigation asserts claim for payment or benefits for Charges.

I further assign my right to receive any proceeds from any Payor/Insurance Company to the Provider for any Charges and grant a contractual lien to Provider with respect to my Charges. I intend for this assignment to effective a priority security interest in my settlement and hereby authorize Provider to file UCC Financing Statement in order to perfect such lien.

In the event that I retain one or more attorneys to assist me in collection any payment with regard to my benefits, I direct each attorney to provide immediate notice to Provider regarding any proceeds received by the attorney, to promptly pay Provider the full amount of Charges out of such proceeds, and to provide a full accounting of such proceeds to Provider. I understand that I remain personally liable and responsible for my Charges and I agree to pay the full amount of my Charges to Provider upon its demand. Unless mutually agreed to in writing, the receipt and processing of partial payments to Provider shall not constitute a waiver of Provider's right to receive payment in full upon demand, irrespective of any restrictions indicated on any payments, and that I may request a copy of my total Charges at any time. I understand that the settlement amount may not cover part or all of the Charges, and I fully understand that I am financially responsible or agree to pay all Charges which are not paid by settlement of any lawsuit.

Patient's Printed Name: _____

Patient's Signature: _____

Date: _____

Patient's Signature: _____

Date: _____

Patient's Signature: _____

Date: _____

Without limit, the full amount of charges and fees for all of Provider's services (including, without limitations, facility fee, treatment, medical equipment, supplies, supplements, narrative reports, depositions, testimony, nursing care, therapy, and/or other medical service provided by Provider).

EXHIBIT C

EXHIBIT D

New Horizon Chiropractic PLLC

15565 Northland Drive, Suite 308W

Southfield, Mi 48075

MICHIGAN MOTORVEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS

I, _____, ("Assignor"), hereby assign to New Horizon Chiropractic PLLC ("Assignee" all rights, privileges and remedies to payment for health care services, products or accommodations("services") provided by Assignee to Assignor to which Assignor is or may be entitled under Chapter 32 of the Insurance Code (MCL 500.3101, et seq) the No- Fault Act.

This agreement is not an assignment of a right to benefits payable in the future, but an assignment of a right to benefits payable as loss accrues and with the respect to services already provided; in other words, this assignment affects only those services provided prior to its execution .

Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to services provided by Assignee on or before the date of the execution for which the rights, privileges and remedies for payment are hereby assigned.

Assignor hereby certifies its understanding that while Assignee may, pursuant to this assignment, pursue payment from a person or entity other than the Assignor, this agreement may be revoked by Assignee if it determines, or determination is made pursuant to judicial proceedings, that Assignor lacks coverage or that the services subject to this assignment are not payable by any such person or entity for any reason under Chapter 31 of the Insurance Code (MLC 500.3101, et seq), any applicable policy of insurance, and/ or due to any actions or conduct of Assignor.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in force and effect.

~~The Above assignment and release of benefits acknowledges that medical, and/ or Chiropractic, and/or Physical Therapy Services, and or instructional use of and acceptance of Medical Equipment such as a rehabilitave brace(s) were authorized by me and performed by New Horizon Chiropractic PLLC for my treatment and recovery on or before~~

Bernicea Stovall

DATE: 10-18-19

Bernicea Stovall

New Horizon Chiropractic PLLC
15565 Northland Drive, Suite 308W
Southfield, Mi 48075

MICHIGAN MOTORVEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS

I, _____, ("Assignor"), hereby assign to New Horizon Chiropractic PLLC ("Assignee" all rights, privileges and remedies to payment for health care services, products or accommodations("services") provided by Assignee to Assignor to which Assignor is or may be entitled under Chapter 32 of the Insurance Code (MCL 500.3101, et seq) the No- Fault Act.

This agreement is not an assignment of a right to benefits payable in the future, but an assignment of a right to benefits payable as loss accrues and with the respect to services already provided; in other words, this assignment affects only those services provided prior to its execution .

Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to services provided by Assignee on or before the date of the execution for which the rights, privileges and remedies for payment are hereby assigned.

Assignor hereby certifies its understanding that while Assignee may, pursuant to this assignment, pursue payment from a person or entity other than the Assignor, this agreement may be revoked by Assignee if it determines, or determination is made pursuant to judicial proceedings, that Assignor lacks coverage or that the services subject to this assignment are not payable by any such person or entity for any reason under Chapter 31 of the Insurance Code (MLC 500.3101, et seq), any applicable policy of insurance, and/or due to any actions or conduct of Assignor.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in force and effect.

The Above assignment and release of benefits acknowledges that medical, and/ or Chiropractic, and/or Physical Therapy Services, and or instructional use of and acceptance of Medical Equipment such as a rehabilitative brace(s) were authorized by me and performed by New Horizon Chiropractic PLLC for my treatment and recovery on or before _____.

Bernicea Stovall

Date: 10-18-19

(Print name of Patient)

Bernicea Stovall

(Signature of Patient)

EXHIBIT D

ASSIGNMENT OF RIGHTS

Patient Name Bernicea Stovall ("Assignor")

Medical Provider Spine & Health ("Assignee")

Assignor acknowledges that he/she has received treatment, products, services and/or accommodations (collectively the "Services") from Assignee and that Assignor has incurred charges for such services.

For valuable consideration as set forth herein, Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to Services from Assignee on or before the date of execution for which the rights, privileges, claims and remedies for payment for each of those Services are hereby assigned to Assignee.

Assignor understands this Assignment is effective and irrevocable (subject to the termination provision below), as of today's date, and in furtherance of the Assignment, Assignor acknowledges the following:

This is an agreement of the right to enforce payment of charges incurred for Services, for which charges are payable under any policy of insurance, contract, legal claim and/or statute. Such assignment shall include, in Assignee's sole discretion, the right to appeal a payment denial under any procedure outlined in any insurance policy, contract, or statute and/or the right to file suit to enforce the payment benefits due or past due for the Services incurred and resulting charges.

For all purposes of enforcement of this Assignment, Assignee or its agent is designated as my attorney in fact with respect to any action taken in pursuit of payment for Services provided by Assignee. In the event Assignee files suit to enforce payment of benefits due or past due for the Services, Assignor consents that such suit may be pursued solely in the Assignor's name or by Assignee on behalf of Assignor, as Assignee's sole discretion. Assignor further agrees to cooperate and assist Assignee to enforce the payment of benefits and authorizes Assignee to speak with Assignor's attorneys and representative regarding all aspects of such legal claims.

Assignor and Assignee agree that as consideration for this assignment, Assignee assumes the burden, otherwise born by the Assignor, to pursue payment for Services rendered by the Assignee, from the insurance company or entity responsible to pay for such Services. This may include Assignee doing some or all of the following: (1) submitting its bills directly to the insurance company or entity; (2) pursuing the insurance company or entity which is responsible to pay Assignee's bills for payment of Assignee's bills, (3) incurring any expense associated with pursuing payment of bills, (4) hiring or retaining the services of an attorney or collection agency to pursue payment of Assignee's bills.

~~To the extent that Assignor or his representatives receive any award by judgement, settlement, arbitration or otherwise, pertaining to or comprising any portion of the Services, Assignor consents to assign such portion of such award to Assignee until Assignee has received payment for the Services. Assignor further acknowledges and agrees that this agreement shall, for all purposes, constitute a lien on any such award in favor of Assignor and Assignee is authorized to provide notice of this agreement to any party who may receive such an award in favor of Assignor pertaining to or comprising any portion of the Services.~~

This assignment shall not reduce, diminish, or impair Assignor's obligation to pay Assignee for the Services and Assignee acknowledges that, at the time hereto, Assignee may pursue Assignor directly for payment for the Services irrespective of the assignment.

This assignment shall be irrevocable unless terminated by mutual agreement of Assignee and Assignor in writing.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in full force and effect.

Patient Signature: Bernicea Stovall ("Assignor")

Date: 6/2/19

ASSIGNMENT OF RIGHTS

Patient Name Bernice Stahl ("Assignor")

Medical Provider Spine 3 Health ("Assignee")

Assignor acknowledges that he/she has received treatment, products, services and/or accommodations (collectively the "Services") from Assignee and that Assignor has incurred charges for such Services.

For valuable consideration as set forth herein, Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to Services from Assignee on or before the date of execution for which the rights, privileges, claims and remedies for payment for each of those Services are hereby assigned to Assignee.

Assignor understands this Assignment is effective and irrevocable (subject to the termination provision below), as of today's date, and in furtherance of the Assignment, Assignor acknowledges the following:

This is an assignment of the right to enforce payment of charges incurred for Services, for which charges are payable under any policy of insurance, contract, legal claim and/or statute. Such assignment shall include, in Assignee's sole discretion, the right to appeal a payment denial under any procedure outlined in any insurance policy, contract or statute and/or the right to file suit to enforce the payment of benefits due or past due for the Services incurred and resulting charges.

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Assignor and Assignee agree that as consideration for this assignment, Assignee assumes the burden, otherwise born by the Assignor, to pursue payment for Services rendered by the Assignee, from the insurance company or entity responsible to pay for such Services. This may include Assignee doing some or all of the following: (1) submitting its bills directly to the insurance company or entity; (2) pursuing the insurance company or entity which is responsible to pay Assignee's bills for payment of Assignee's bills; (3) incurring any expense associated with pursuing payment of Assignee's bills, (4) hiring or retaining the services of an attorney or collection agency to pursue payment of Assignee's bills.

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This assignment shall not reduce, diminish or impair Assignor's obligation to pay Assignee for the Services and Assignee acknowledges that, at any time hereto, Assignee may pursue Assignor directly for payment for the Services irrespective of this assignment.

This assignment shall be irrevocable unless terminated by mutual agreement of Assignee and Assignor in writing.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected hereby shall remain in full force and effect.

Patient Signature Bernice Stahl ("Assignor")

Date 7/17/19

ASSIGNMENT OF RIGHTS

Patient Name Bernice Stovall ("Assignor")

Medical Provider Spine & Health ("Assignee")

Assignor acknowledges that he/she has received treatment, products, services and/or accommodations (collectively the "Services") from Assignee and that Assignor has incurred charges for such Services.

For valuable consideration as set forth herein, Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to Services from Assignee on or before the date of execution for which the rights, privileges, claims and remedies for payment for each of those Services are hereby assigned to Assignee.

Assignor understands this Assignment is effective and irrevocable (subject to the termination provision below), as of today's date, and in furtherance of the Assignment, Assignor acknowledges the following:

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Assignor and Assignee agree that as consideration for this assignment, Assignee assumes the burden, otherwise born by the Assignor, to pursue payment for Services rendered by the Assignee, from the insurance company or entity responsible to pay for such Services. This may include Assignee doing some or all of the following: (1) submitting its bills directly to the insurance company or entity; (2) pursuing the insurance company or entity which is responsible to pay Assignee's bills for payment of Assignee's bills; (3) incurring any expense associated with pursuing payment of Assignee's bills, (4) hiring or retaining the services of an attorney or collection agency to pursue payment of Assignee's bills.

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Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in full force and effect.

Patient Signature Bernice Stovall ("Assignor")

Date 10/18/18

ASSIGNMENT OF RIGHTS

Patient Name Bernice A. Strall ("Assignor")

Medical Provider Spine To Health ("Assignee")

Assignor acknowledges that he/she has received treatment, products, services and/or accommodations (collectively the "Services") from Assignee and that Assignor has incurred charges for such services.

For valuable consideration as set forth herein, Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to Services from Assignee on or before the date of execution for which the rights, privileges, claims and remedies for payment for each of those Services are hereby assigned to Assignee.

Assignor understands this Assignment is effective and irrevocable (subject to the termination provision below), as of today's date, and in furtherance of the Assignment, Assignor acknowledges the following:

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This assignment shall be irrevocable unless terminated by mutual agreement of Assignee and Assignor in writing.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in full force and effect.

Patient Signature Bernice A. Strall ("Assignor")

Date 11/30/18

EXHIBIT E

4 TRANSPORT INC

Po Box 1558
 Dearborn, MI 48121
 Tax ID: 81-1983004

Ph: (313) 888-2393
 Fax: (313) 908-1190

Invoice Date:
 9/14/2018

Service Provided:
 Medical Transportation

Invoice #: 691

Patient Name:
 Stovall, Bernicea

Insurance Company:
 ELCO

Patient Address:
 666 W Bethune St
 Detroit, MI 48202

Claim #:
 12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
7/17/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
7/20/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.1	2/2
8/1/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/10/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/21/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/22/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/23/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/28/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #304w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2
8/29/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2

Total Miles:	169.5	Rate Per Mile: \$	4.50	SO215	\$ 762.75
# of Pick Up:	18	Pick Up Charge: \$	40.00		\$ 720.00
# of Drop Off:	18	Drop Off Charge: \$	40.00		\$ 720.00
TOTAL:					\$ 2,202.75

Please send payment, payable to:

4 TRANSPORT INC
 PO BOX 1558
 DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 888-2333
Fax: (313) 908-1190

Invoice Date:
9/14/2018

Service Provided:
Medical Transportation

Invoice #: 692

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
9/4/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.3	2/2

Total Miles:	18.3	Rate Per Mile: \$	4.50	S0215	\$ 82.35
# of Pick Up:	2	Pick Up Charge: \$	40.00		\$ 80.00
# of Drop Off:	2	Drop Off Charge: \$	40.00		\$ 80.00
TOTAL:					\$ 242.35

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC	
Po Box 1558 Dearborn, MI 48121 Tax ID: 81-1983004	Ph: (313) 888-2333 Fax: (313) 908-1190

Invoice Date: 11/12/2018 Patient Name: Stovall, Bernicea Patient Address: 666 W Bethune St, Detroit, MI 48202	Service Provided: Medical Transportation Insurance Company: ELCO Claim #: 12378294	Invoice# 1137
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Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
10/1/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
10/2/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #304w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
10/5/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
10/18/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #304w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
10/18/2018 2nd Location	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #308w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
10/18/2018 3rd Location	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
10/19/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
10/23/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
10/25/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2

Total Miles:	178.6	Rate Per Mile: \$	4.50	50215	\$ 804.60
# of Pick Up:	18	Pick Up Charge: \$	40.00		\$ 720.00
# of Drop Off:	18	Drop Off Charge: \$	40.00		\$ 720.00
					TOTAL: \$ 2,244.60

Please send payment, payable to:

4 TRANSPORT INC
 PO BOX 1558
 DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 888-2333
Fax: (313) 908-1190

Invoice Date:
11/12/2018

Service Provided:
Medical Transportation

Invoice# 1138

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Claim #:
12378294

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
10/26/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
11/1/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
11/2/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
11/5/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
11/6/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2
11/7/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	21.7	2/2

Total Miles:	130.2	Rate Per Mile: \$	4.50	50215	\$ 585.90
# of Pick Up:	12	Pick Up Charge: \$	40.00		\$ 480.00
# of Drop Off:	12	Drop Off Charge: \$	40.00		\$ 480.00
					TOTAL: \$ 1,545.90

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121

Ph: (313) 888-2333
Fax: (313) 908-1190

Tax ID: 81-1983004

Invoice Date:
2/22/2019

Service Provided:
Medical Transportation

Invoice# 2054

Patient Name:
Stoval, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
11/12/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/13/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/14/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/19/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/20/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/21/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/26/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/27/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2
11/28/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	22.2	2/2

Total Miles:	199.8	Rate Per Mile: \$	4.50	S0215	\$ 899.10
# of Pick Up:	18	Pick Up Charge: \$	40.00		\$ 720.00
# of Drop Off:	18	Drop Off Charge: \$	40.00		\$ 720.00
TOTAL:					\$ 2,339.10

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
 Dearborn, MI 48121
 Tax ID: 81-1983004

Ph: (313) 888-2333
 Fax: (313) 908-1190

Invoice Date:
 2/22/2019

Service Provided:
 Medical Transportation

Invoice# 2055

Patient Name:
 Stovall, Bernicea

Insurance Company:
 ELCO

Patient Address:
 666 W Bethune St,
 Detroit, MI 48202

Claim #:
 12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
11/30/2018	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #340W, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.6	2/2

Total Miles:	18.6	Rate Per Mile: \$	4.50	S0215	\$ 83.70
# of Pick Up:	2	Pick Up Charge: \$	40.00		\$ 80.00
# of Drop Off:	2	Drop Off Charge: \$	40.00		\$ 80.00
TOTAL:					\$ 243.70

Please send payment, payable to:

4 TRANSPORT INC
 PO BOX 1558
 DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 888-2333
Fax: (313) 908-1190

Invoice Date:
2/22/2019

Service Provided:
Medical Transportation

Invoice# 1371

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
12/4/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/5/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/6/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/10/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/11/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/12/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/19/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/20/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2
12/21/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	25.4	2/2

Total Miles:	228.6	Rate Per Mile: \$	4.50	50215	\$ 1,028.70
# of Pick Up:	18	Pick Up Charge: \$	40.00		\$ 720.00
# of Drop Off:	18	Drop Off Charge: \$	40.00		\$ 720.00
TOTAL:					\$ 2,468.70

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 888-2333
Fax: (313) 908-1190

Invoice Date:
1/31/2019

Service Provided:
Medical Transportation

Invoice# 1747

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
12/24/2018	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
12/27/2018	666 W Bethune St, Detroit, MI 48202	91 manchester St. Highland park, MI 48203	666 W Bethune St, Detroit, MI 48202	8.8	2/2
1/2/2019	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #304w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
1/4/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/7/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/9/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/10/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/14/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/15/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2

Total Miles:	191	Rate Per Mile: \$	4.50	S0215	\$ 859.50
# of Pick Up:	18	Pick Up Charge: \$	40.00		\$ 720.00
# of Drop Off:	18	Drop Off Charge: \$	40.00		\$ 720.00
TOTAL:					\$ 2,299.50

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 888-2333
Fac: (313) 908-1190

Invoice Date:
1/31/2019

Service Provided:
Medical Transportation

Invoice# 1748

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
1/16/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/21/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2

Total Miles:	46.8	Rate Per Mile: \$	4.50	S0215	\$ 210.60
# of Pick Up:	4	Pick Up Charge: \$	40.00		\$ 160.00
# of Drop Off:	4	Drop Off Charge: \$	40.00		\$ 160.00
TOTAL:					\$ 530.60

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121

Ph: (313) 888-2333
Fax: (313) 908-1190

Tax ID: 81-1983004

Invoice Date:
2/22/2019

Service Provided:
Medical Transportation

Invoice# 1914

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
1/22/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/23/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/29/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
1/31/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
2/1/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
2/1/2019 (2nd location)	666 W Bethune St, Detroit, MI 48202	15565 Northland Dr #304w, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	18.4	2/2
2/4/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
2/5/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2
2/6/2019	666 W Bethune St, Detroit, MI 48202	23265 Northwestern Hwy #300, Southfield, MI 48075	666 W Bethune St, Detroit, MI 48202	23.4	2/2

Total Miles:	205.6	Rate Per Mile: \$	3.50	S0215	\$ 719.60
# of Pick Up:	18	Pick Up Charge: \$	35.00		\$ 630.00
# of Drop Off:	18	Drop Off Charge: \$	35.00		\$ 630.00
TOTAL:					\$ 1,979.60

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

4 TRANSPORT INC

Po Box 1558
Dearborn, MI 48121
Tax ID: 81-1983004

Ph: (313) 688-2333
Fax: (313) 908-1190

Invoice Date:
2/22/2019

Service Provided:
Medical Transportation

Invoice# 1915

Patient Name:
Stovall, Bernicea

Insurance Company:
ELCO

Patient Address:
666 W Bethune St,
Detroit, MI 48202

Claim #:
12378294

Date	Pick Up	Drop Off / Pick Up	Drop Off	Miles	Pick Up/Drop Off
2/7/2019	666 W Bethune St, Detroit, MI 48202	13530 Michigan Ave. Dearborn, MI 48126	666 W Bethune St, Detroit, MI 48202	13.6	2/2
2/8/2019	666 W Bethune St, Detroit, MI 48202	13530 Michigan Ave. Dearborn, MI 48126	666 W Bethune St, Detroit, MI 48202	13.6	2/2

Total Miles:	27.2	Rate Per Mile: \$	3.50	50215	\$ 95.20
# of Pick Up:	4	Pick Up Charge: \$	35.00		\$ 140.00
# of Drop Off:	4	Drop Off Charge: \$	35.00		\$ 140.00
TOTAL:					\$ 375.20

Please send payment, payable to:

4 TRANSPORT INC
PO BOX 1558
DEARBORN, MI 48121

EXHIBIT F

411 Help LLC
Patient Ledger
 Sorted By: Case Number

B

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
00000489	Bernicea Stovall							
	Last Payment: 0.00 On:							
48790	10/18/2018	11		491	97163	1810220000	EC	350.00
48791	10/18/2018	11		491	97110	1810220000	EC	150.00
48792	10/18/2018	11		491	97535	1810220000	EC	95.00
49671	10/19/2018	11		491	97010	1810230000	EC	55.00
49672	10/19/2018	11		491	97035	1810230000	EC	85.00
49673	10/19/2018	11		491	97110	1810230000	EC	300.00
49674	10/19/2018	11		491	97124	1810230000	EC	80.00
51124	10/23/2018	11		491	97010	1810300000	EC	55.00
51125	10/23/2018	11		491	97035	1810300000	EC	85.00
51126	10/23/2018	11		491	97110	1810300000	EC	300.00
51127	10/23/2018	11		491	97124	1810300000	EC	80.00
51128	10/23/2018	11		491	97010	1810300000	EC	55.00
51129	10/25/2018	11		491	97014	1810300000	EC	85.00
51130	10/25/2018	11		491	97110	1810300000	EC	300.00
51131	10/26/2018	11		491	97010	1810300000	EC	55.00
51132	10/26/2018	11		491	97014	1810300000	EC	85.00
51133	10/26/2018	11		491	97035	1810300000	EC	85.00
51134	10/26/2018	11		491	97110	1810300000	EC	300.00
52228	11/1/2018	11		491	97010	1811050000	EC	55.00
52229	11/1/2018	11		491	97014	1811050000	EC	85.00
52230	11/1/2018	11		491	97035	1811050000	EC	85.00
52231	11/1/2018	11		491	97110	1811050000	EC	300.00
52232	11/2/2018	11		491	97010	1811050000	EC	55.00
52233	11/2/2018	11		491	97014	1811050000	EC	85.00
52234	11/2/2018	11		491	97110	1811050000	EC	300.00
52235	11/2/2018	11		491	97124	1811050000	EC	80.00
53934	11/5/2018	11		491	97010	1811120000	EC	55.00
53935	11/5/2018	11		491	97110	1811120000	EC	300.00
53936	11/5/2018	11		491	97124	1811120000	EC	80.00
53937	11/5/2018	11		491	97014	1811120000	EC	85.00
53938	11/6/2018	11		491	97010	1811120000	EC	55.00
53939	11/6/2018	11		491	97014	1811120000	EC	85.00
53940	11/6/2018	11		491	97035	1811120000	EC	85.00
53941	11/6/2018	11		491	97110	1811120000	EC	300.00
53942	11/6/2018	11		491	97124	1811120000	EC	80.00
53943	11/7/2018	11		491	97010	1811120000	EC	55.00
53944	11/7/2018	11		491	97014	1811120000	EC	85.00
53945	11/7/2018	11		491	97035	1811120000	EC	85.00
53946	11/7/2018	11		491	97110	1811120000	EC	300.00
55196	11/12/2018	11		491	97010	1811190000	EC	55.00
55197	11/12/2018	11		491	97014	1811190000	EC	85.00
55198	11/12/2018	11		491	97035	1811190000	EC	85.00
55199	11/12/2018	11		491	97110	1811190000	EC	300.00
55200	11/13/2018	11		491	97010	1811190000	EC	55.00
55201	11/13/2018	11		491	97014	1811190000	EC	85.00

411 Help LLC
Patient Ledger
 Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
55202	11/13/2018	11		491	97035	1811190000	EC	85.00
55203	11/13/2018	11		491	97110	1811190000	EC	300.00
55204	11/14/2018	11		491	97010	1811190000	EC	55.00
55205	11/14/2018	11		491	97014	1811190000	EC	85.00
55206	11/14/2018	11		491	97035	1811190000	EC	85.00
55207	11/14/2018	11		491	97110	1811190000	EC	300.00
56614	11/19/2018	11		491	97010	1811270000	EC	55.00
56615	11/19/2018	11		491	97014	1811270000	EC	85.00
56616	11/19/2018	11		491	97035	1811270000	EC	85.00
56617	11/19/2018	11		491	97110	1811270000	EC	300.00
56618	11/20/2018	11		491	97164	1811270000	EC	250.00
56619	11/20/2018	11		491	97010	1811270000	EC	55.00
56620	11/20/2018	11		491	97014	1811270000	EC	85.00
56621	11/20/2018	11		491	97035	1811270000	EC	85.00
56622	11/20/2018	11		491	97110	1811270000	EC	450.00
56623	11/20/2018	11		491	97535	1811270000	EC	95.00
56624	11/21/2018	11		491	97010	1811270000	EC	55.00
56625	11/21/2018	11		491	97014	1811270000	EC	85.00
56626	11/21/2018	11		491	97035	1811270000	EC	85.00
56627	11/21/2018	11		491	97110	1811270000	EC	300.00
57953	11/26/2018	11		491	97010	1812040000	EC	55.00
57954	11/26/2018	11		491	97014	1812040000	EC	85.00
57955	11/26/2018	11		491	97035	1812040000	EC	85.00
57956	11/26/2018	11		491	97110	1812040000	EC	300.00
57957	11/27/2018	11		491	97010	1812040000	EC	55.00
57958	11/27/2018	11		491	97014	1812040000	EC	85.00
57959	11/27/2018	11		491	97035	1812040000	EC	85.00
57960	11/27/2018	11		491	97110	1812040000	EC	300.00
57961	11/28/2018	11		491	97010	1812040000	EC	55.00
57962	11/28/2018	11		491	97014	1812040000	EC	85.00
57963	11/28/2018	11		491	97035	1812040000	EC	85.00
57964	11/28/2018	11		491	97110	1812040000	EC	300.00
59081	12/4/2018	11		491	97010	1812100000	EC	55.00
59082	12/4/2018	11		491	97014	1812100000	EC	85.00
59083	12/4/2018	11		491	97035	1812100000	EC	85.00
59084	12/4/2018	11		491	97110	1812100000	EC	300.00
59085	12/5/2018	11		491	97010	1812100000	EC	55.00
59086	12/5/2018	11		491	97014	1812100000	EC	85.00
59087	12/5/2018	11		491	97035	1812100000	EC	85.00
59088	12/5/2018	11		491	97110	1812100000	EC	300.00
59089	12/6/2018	11		491	97010	1812100000	EC	55.00
59090	12/6/2018	11		491	97010	1812100000	EC	55.00
59091	12/6/2018	11		491	97014	1812100000	EC	85.00
59092	12/6/2018	11		491	97035	1812100000	EC	85.00
59093	12/6/2018	11		491	97110	1812100000	EC	300.00
60816	12/10/2018	11		491	97010	1812180000	EC	55.00
60817	12/10/2018	11		491	97014	1812180000	EC	85.00

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Page 2

411 Help LLC
Patient Ledger
 Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
60818	12/10/2018	11		491	97035	1812180000	EC	85.00
60819	12/10/2018	11		491	97110	1812180000	EC	300.00
60820	12/11/2018	11		491	97010	1812180000	EC	55.00
60821	12/11/2018	11		491	97014	1812180000	EC	85.00
60822	12/11/2018	11		491	97035	1812180000	EC	85.00
60823	12/11/2018	11		491	97110	1812180000	EC	300.00
60824	12/12/2018	11		491	97010	1812180000	EC	55.00
60825	12/12/2018	11		491	97014	1812180000	EC	85.00
60826	12/12/2018	11		491	97035	1812180000	EC	85.00
60827	12/12/2018	11		491	97110	1812180000	EC	300.00
62412	12/19/2018	11		491	97164	1812260000	EC	250.00
62413	12/19/2018	11		491	97010	1812260000	EC	55.00
62414	12/19/2018	11		491	97014	1812260000	EC	85.00
62415	12/19/2018	11		491	97110	1812260000	EC	300.00
62416	12/19/2018	11		491	97535	1812260000	EC	95.00
62417	12/20/2018	11		491	97010	1812260000	EC	55.00
62418	12/20/2018	11		491	97014	1812260000	EC	85.00
62419	12/20/2018	11		491	97110	1812260000	EC	300.00
62420	12/21/2018	11		491	97010	1812260000	EC	55.00
62421	12/21/2018	11		491	97014	1812260000	EC	85.00
62422	12/21/2018	11		491	97110	1812260000	EC	300.00
63889	12/24/2018	11		491	97010	1901020000	EC	55.00
63890	12/24/2018	11		491	97014	1901020000	EC	85.00
63891	12/24/2018	11		491	97110	1901020000	EC	300.00
63892	12/27/2018	11		491	97010	1901020000	EC	55.00
63893	12/27/2018	11		491	97014	1901020000	EC	85.00
63894	12/27/2018	11		491	97110	1901020000	EC	300.00
65110	1/4/2019	11		491	97010	1901080000	EC	55.00
65111	1/4/2019	11		491	97014	1901080000	EC	85.00
65112	1/4/2019	11		491	97110	1901080000	EC	300.00
66414	1/7/2019	11		491	97010	1901150000	EC	55.00
66415	1/7/2019	11		491	97014	1901150000	EC	85.00
66416	1/7/2019	11		491	97110	1901150000	EC	300.00
66417	1/9/2019	11		491	97010	1901150000	EC	55.00
66418	1/9/2019	11		491	97014	1901150000	EC	85.00
66419	1/9/2019	11		491	97110	1901150000	EC	300.00
66420	1/10/2019	11		491	97010	1901150000	EC	55.00
66421	1/10/2019	11		491	97014	1901150000	EC	85.00
67282	1/14/2019	11		491	97010	1901210000	EC	55.00
67283	1/14/2019	11		491	97014	1901210000	EC	85.00
67284	1/15/2019	11		491	97010	1901210000	EC	110.00
67285	1/15/2019	11		491	97014	1901210000	EC	170.00
67286	1/15/2019	11		491	97110	1901210000	EC	150.00
67287	1/16/2019	11		491	97164	1901210000	EC	250.00
67288	1/16/2019	11		491	97010	1901210000	EC	110.00
67289	1/16/2019	11		491	97014	1901210000	EC	170.00
67290	1/16/2019	11		491	97110	1901210000	EC	150.00

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Page 3

411 Help LLC
Patient Ledger
 Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
69391	1/21/2019	11		491	97010	1901290000	EC	110.00
69392	1/21/2019	11		491	97014	1901290000	EC	170.00
69393	1/22/2019	11		491	97010	1901290000	EC	110.00
69394	1/22/2019	11		491	97014	1901290000	EC	170.00
69395	1/23/2019	11		491	97010	1901290000	EC	110.00
69396	1/23/2019	11		491	97014	1901290000	EC	170.00
70686	1/29/2019	11		491	97010	1902050000	EC	110.00
70687	1/29/2019	11		491	97014	1902050000	EC	170.00
70688	1/29/2019	11		491	97110	1902050000	EC	150.00
70689	1/31/2019	11		491	97010	1902050000	EC	110.00
70690	1/31/2019	11		491	97014	1902050000	EC	170.00
70691	1/31/2019	11		491	97110	1902050000	EC	150.00
70699	2/1/2019	11		491	97010	1902050000	EC	110.00
70700	2/1/2019	11		491	97014	1902050000	EC	170.00
70701	2/1/2019	11		491	97110	1902050000	EC	150.00
71631	2/4/2019	11		491	97010	1902120000	EC	110.00
71632	2/4/2019	11		491	97014	1902120000	EC	170.00
71633	2/5/2019	11		491	97010	1902120000	EC	110.00
71634	2/5/2019	11		491	97014	1902120000	EC	170.00
71635	2/6/2019	11		491	97010	1902120000	EC	110.00
71636	2/6/2019	11		491	97014	1902120000	EC	170.00
73558	2/14/2019	11		491	97010	1902190000	EC	110.00
73559	2/14/2019	11		491	97014	1902190000	EC	170.00
73560	2/15/2019	11		491	97164	1902190000	EC	250.00
73561	2/15/2019	11		491	97010	1902190000	EC	110.00
73562	2/15/2019	11		491	97014	1902190000	EC	170.00
73563	2/15/2019	11		491	97110	1902190000	EC	150.00
73564	2/15/2019	11		491	97535	1902190000	EC	95.00
Patient Total								<u><u>\$23,000.00</u></u>

4/17/2019

411 Help
 23265 NORTHWESTERN HWY UNIT 300
 SOUTHFIELD, MI 48075-7707
 248-450-3360
 Tax Id: 82-1881100
 NPI: 1174047286

Patient Name: STOVALL, BERNICEA
 Acct #: VXM000110990
 Referring providers:
 Address:
 666 W BETHUNE APT 308
 DETROIT MI 48202

Printed on: 4/17/2019
 For Service Dates from: 2/25/2019 to 4/17/2019
 For claims originally billed to

Date of Serv	Provider	Procedure	Units	Description	Diagnoses	Charges	Pt Pmts	Ins Pmts	Adjust's	Balance	Billed To
2/26/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
2/26/2019	CARULLA, E	97014	2	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$170.00	\$0.00	\$0.00	\$0.00	\$170.00	ELCO
2/28/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
2/28/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
2/28/2019	CARULLA, E	97110	3	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	ELCO
3/1/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/1/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/1/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/1/2019	CARULLA, E	97140	1	Manual Therapy, Per 15 minutes (MLD)	V89.9XXA, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/1/2019	CARULLA, E	97530	1	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance, each 15 minutes)	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/4/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/4/2019	CARULLA, E	97530	1	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance, each 15 minutes)	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/4/2019	CARULLA, E	97140	1	Manual Therapy, Per 15 minutes (MLD)	V89.9XXA, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/4/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/4/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/7/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/7/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/7/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/7/2019	CARULLA, E	97010	1	Application of a modality to 1 or more areas, hot and cold packs	V89.9XXA, M54.40	\$55.00	\$0.00	\$0.00	\$0.00	\$55.00	ELCO
3/7/2019	CARULLA, E	97140	1	Manual Therapy, Per 15 minutes (MLD)	V89.9XXA, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/8/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/8/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO

4/17/2019

3/8/2019	CARULLA, E	97010	1 Application of a modality to 1 or more areas, hot and cold packs	V89.9X0A, M54.40	\$55.00	\$0.00	\$0.00	\$0.00	\$55.00	ELCO
3/8/2019	CARULLA, E	97110	2 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/8/2019	CARULLA, E	97530	1 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/11/2019	CARULLA, E	97140	1 Manual Therapy, Per 15 minutes (MLD)	V89.9X0A, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/11/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/11/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/11/2019	CARULLA, E	97110	3 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	ELCO
3/14/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/14/2019	CARULLA, E	97110	2 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/14/2019	CARULLA, E	97140	1 Manual Therapy, Per 15 minutes (MLD)	V89.9X0A, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/14/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/15/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/15/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/15/2019	CARULLA, E	97110	2 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/18/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/18/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/18/2019	CARULLA, E	97110	3 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	ELCO
3/19/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/19/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/19/2019	CARULLA, E	97110	3 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	ELCO
3/20/2019	CARULLA, E	97164	1 Re-evaluation of physical therapy established plan of care (required additional documentation components); typically, 20 min face-to-face with the patient and/or family	V89.9X0A, M54.40	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	ELCO
3/20/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/20/2019	CARULLA, E	97035	1 Ultrasound, each 15 minutes	V89.9X0A, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	ELCO
3/20/2019	CARULLA, E	97110	3 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	ELCO
3/27/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/27/2019	CARULLA, E	97110	2 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/28/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/28/2019	CARULLA, E	97110	2 Therapeutic Exercise - q 15 minutes	V89.9X0A, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	ELCO
3/28/2019	CARULLA, E	97140	1 Manual Therapy, Per 15 minutes (MLD)	V89.9X0A, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO
3/29/2019	CARULLA, E	97014	1 Electrical stimulation (unattended)	V89.9X0A, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	ELCO
3/29/2019	CARULLA, E	97140	1 Manual Therapy, Per 15 minutes (MLD)	V89.9X0A, M54.40	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	ELCO

4/17/2019

	E			M54.40						
3/29/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
3/29/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00 ELCO
4/3/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00 ELCO
4/3/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
4/3/2019	CARULLA, E	97110	3	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00 ELCO
4/4/2019	CARULLA, E	97110	3	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00 ELCO
4/4/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00 ELCO
4/4/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
4/5/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00 ELCO
4/5/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
4/5/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00 ELCO
4/11/2019	CARULLA, E	97110	2	Therapeutic Exercise - q 15 minutes	V89.9XXA, M54.40	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00 ELCO
4/11/2019	CARULLA, E	97530	1	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance, each 15 minutes)	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
4/11/2019	CARULLA, E	97014	1	Electrical stimulation (unattended)	V89.9XXA, M54.40	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00 ELCO
4/11/2019	CARULLA, E	97035	1	Ultrasound, each 15 minutes	V89.9XXA, M54.40	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00 ELCO
Totals						\$11,345.00	\$0.00	\$0.00	\$0.00	\$11,345.00

EXHIBIT G

Spine & Health PLLC
Patient Ledger
Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
00000552	Bernicea Stovall							
	Last Payment: 0.00		On:					
2392	7/17/2018			556	99204	1807230000	LAB	600.00
4295	10/18/2018			556	99214	1810240000	WG	450.00
5149	11/30/2018			556	99214	1812070000	WG	450.00
5624	1/2/2019			556	99214	1901070000	IO	450.00
6359	2/1/2019			556	99214	1902110000	IO	450.00
Patient Total								<u>\$2,400.00</u>

EXHIBIT H

New Horizon Chiropractic PLLC

Patient Ledger

Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
00000015	Bernicea Stovall		(313)573-9789					
	Last Payment: 0.00		On:					
396	7/13/2018			16	99203	1808140000	KG	150.00
397	7/13/2018			16	97012	1808140000	KG	55.00
398	7/13/2018			16	97010	1808140000	KG	45.00
402	8/1/2018			16	98941	1808140000	YX	75.00
403	8/1/2018			16	97012	1808140000	YX	55.00
404	8/1/2018			16	97010	1808140000	YX	45.00
910	8/21/2018			16	98941	1808270000	YX	75.00
911	8/21/2018			16	97012	1808270000	YX	55.00
912	8/21/2018			16	97010	1808270000	YX	45.00
913	8/22/2018			16	98941	1808270000	YX	75.00
914	8/22/2018			16	97012	1808270000	YX	55.00
915	8/22/2018			16	97010	1808270000	YX	45.00
916	8/23/2018			16	98941	1808270000	YX	75.00
917	8/23/2018			16	97012	1808270000	YX	55.00
918	8/23/2018			16	97010	1808270000	YX	45.00
1059	8/28/2018			16	98941	1809040000	YX	75.00
1060	8/28/2018			16	97012	1809040000	YX	55.00
1061	8/28/2018			16	97010	1809040000	YX	45.00
1062	8/29/2018			16	98941	1809040000	YX	75.00
1063	8/29/2018			16	97012	1809040000	YX	55.00
1064	8/29/2018			16	97010	1809040000	YX	45.00
1247	9/4/2018			16	99213	1809100000	YX	70.00
1248	9/4/2018			16	98941	1809100000	YX	75.00
1249	9/4/2018			16	97012	1809100000	YX	55.00
1250	9/4/2018			16	97010	1809100000	YX	45.00
2154	10/1/2018			16	99211	1810080000	KG	100.00
2155	10/1/2018			16	98941	1810080000	KG	85.00
2156	10/1/2018			16	97010	1810080000	KG	40.00
2157	10/1/2018			16	97012	1810080000	KG	75.00
2158	10/2/2018			16	98941	1810080000	YX	85.00
2159	10/2/2018			16	97010	1810080000	YX	40.00
2160	10/2/2018			16	97012	1810080000	YX	75.00
2161	10/5/2018			16	98941	1810080000	YX	85.00
2162	10/5/2018			16	97010	1810080000	YX	40.00
2163	10/5/2018			16	97012	1810080000	YX	75.00
2493	10/18/2018			16	98941	1810220000	YX	85.00
2494	10/18/2018			16	97010	1810220000	YX	40.00
2495	10/18/2018			16	97012	1810220000	YX	75.00
Patient Total								<u>\$2,445.00</u>